

# Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 12/20/2007

Address: C.R. 385W. 2 S. R. 250

Case #: 43 - 25503

(LAB IN VEHICLE)

County: JENNINGS

## Type of Laboratory Seizure (check one)

- ☒ Operational Lab  
☐ Chemical/Glassware/Equipment (only)  
☐ Dumpsite (only)

## Seizure Location (check all that apply)

- ☐ Residence ☐ Hotel/Motel  
☐ Outbuilding ☐ Open - No Structure  
☒ Vehicle ☐ Other:

## Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☐ Lithium/Ammonia Reaction(s):  
☐ Red Phosphorous/Iodine Reaction(s):  
☐ Flammable Solvents:  
☒ Water Reactive Metal (Lithium): SPENT, IN VEHICLE.  
☐ Anhydrous Ammonia:  
☐ Hydrochloric Acid Gas Generator(s):  
☐ Corrosive Acid:  
☐ Corrosive Base:  
☐ Other (item and location): \_\_\_\_\_

## Child under age 18 discovered (check one)

- ☐ Yes \_\_\_\_\_ (number present)  
☒ No

\*If yes, fax report to Child Protective Services

## Investigative Information

- ☐ Ephedrine/Pseudophedrine Tracking Log  
☐ Retail/Merchant Tip  
☐ Other: \_\_\_\_\_

## This report is to be faxed to the following agencies that serve the location:

Fire Department: MONTGOMERY TOWNSHIP Fax: 812-346-1913  
Health Department: JENNINGS CO. Fax: 812-352-3030  
Child Protection Service: N/A Fax: N/A

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: MARTIN A. NEAD Phone 812-522-1441

\*\* This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.